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FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90058 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000100843**

1. Corporation Name
**N.A.F.A., NATIONAL ASSOCIATION FOR FOREIGN ATTOR
NEYS, INC.**

Principal Place of Business

Mailing Address

**11890 SW 8TH STREET
PENTHOUSE IV
MIAMI FL 33184
US**

**10008 WEST FLAGLER STREET
SUITE B-126
MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

65-0666509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PACHECO, HUMBERTO R
10008 WEST FLAGLER STREET
SUITE B-126
MIAMI FL 33174**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BARRERA, MANUEL**
STREET ADDRESS **126 VIRGINIA ROAD**
CITY-ST-ZIP **HOLLYWOOD FL 33034**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PACHECO, ENGELBERT**
STREET ADDRESS **13907 S.W. 66TH STREET**
CITY-ST-ZIP **MIAMI FL 33183**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MARTIN WAINE, CHRISTOPHER**
STREET ADDRESS **11890 S.W. 8TH STREET, PH**
CITY-ST-ZIP **MIAMI FL 33184**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ESCOTO, FEDERICO D**
STREET ADDRESS **9630 S.W. 45TH STREET**
CITY-ST-ZIP **MIAMI FL 33145**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PS** ☐ DELETE
NAME **PACHECKER, HUMPHREY H**
STREET ADDRESS **11890 S.W. 8TH STREET, PENTHOUSE**
CITY-ST-ZIP **MIAMI FL 33184**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VPT** ☐ DELETE
NAME **BARRERA, TERESITA SILVA**
STREET ADDRESS **11890 S.W. 8TH STREET**
CITY-ST-ZIP **MIAMI FL 33184**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

4/16/99 305 3830123